Image# 14980832970 PAGE 1 / 1

## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| NAME OF COMMITTEE IN FULL                                |                         |  | 7                     |  |  |
|--|-------------------------|--|-----------------------|--|--|
| Napolitano for Congress                                  |                         |  |                       |  |  |
| ADDRESS (number and street) 555 Capitol Mall, Suite 1425 |                         |  |                       |  |  |
| CITY, STATE, and ZIP CODE                                |                         |  | -                     |  |  |
| Sacramento   | CA 95814                |  |                       |  |  |
| 2. NAME OF CANDIDATE                                     | 3. OFFICE SOUGHT (State |  | 4. FEC IDENTIFICATION | NUMBER                                   |  |
| Grace Napolitano   | House CA                | House CA 32                              |                       | C00334706                                |  |
| 5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING        | YES, IT AMENDS THE NO   | TICE FILED ON                            | /                     | ·  |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE               | Name of Employer        |  | Date (month,          | Amount                                   |  |
| Enterprise Holdings, Inc. Political Action Committee     |                         |  | day, year)            |  |  |
|  |                         |  | 10/17/2014            | 2000.00                                  |  |
| 600 Corporate Park Drive                                 |                         |  |                       |  |  |
|  |                         | Transaction ID : INC.F65.5571 Occupation |                       |  |  |
| St. Louis MO 63105                                       | Cocapation              |  |                       |  |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE               | Name of Employer        |  | Date (month,          | Amount                                   |  |
|  |                         |  | day, year)            |  |  |
|  |                         |  |                       |  |  |
|  |                         |  |                       |  |  |
|  |                         |  |                       |  |  |
|  | Occupation              | Occupation                               |                       |  |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE               | Name of Employer        |  | Date (month,          | Amount                                   |  |
| C. FOLL NAME, MAILING ADDRESS AND ZIF CODE               | Name of Employer        | Name of Employer                         |                       | Amount                                   |  |
|  |                         |  |                       |  |  |
|  |                         |  |                       |  |  |
|  |                         |  |                       |  |  |
|  | Occupation              | Occupation                               |                       |  |  |
| D. FILLL MANE MALLING ADDRESS AND TIP CODE               |                         |  | Date (month,          | Amount                                   |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE               | Name of Employer        | Name of Employer                         |                       | Amount                                   |  |
|  |                         |  |                       |  |  |
|  |                         |  |                       |  |  |
|  |                         |  |                       |  |  |
|  | Occupation              |  |                       |  |  |
|  |                         |  |                       |  |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE               | Name of Employer        | Name of Employer                         |                       | Amount                                   |  |
|  |                         |  |                       |  |  |
|  |                         |  |                       |  |  |
|  |                         |  |                       |  |  |
|  | Occupation              | Occupation                               |                       |  |  |
|  |                         |  |                       |  |  |
| SIGNATURE (optional) Benjamin Cardenas                   |                         | <b>DATE</b><br>0/18/2014                 |                       | nformation contact:<br>ection Commission |  |
| •  | [Electronically Filed]  |  | 999 E Street, NV      | /, Washington, DC 20463                  |  |
|  |                         |  | Toll Free 800-424-    | 9530, Local 202-694-1100                 |  |

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

